

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

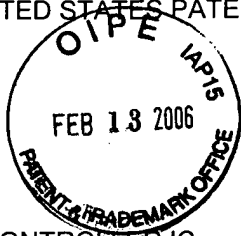
Kenichi FUKUMOTO

Serial No: 10/501,579

Confirmation No: 9361

Filed: July 14, 2004

For: DC/AC CONVERTER AND CONTROLLER IC



Art Unit: 2838

Examiner: Han, Younghuie Jessica

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
February 9, 2006

Date of Deposit

Juanita Soberanis

Name

Signature

02/09/06

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Terminal Disclaimer To Obviate A Double Patenting Rejection.  
☒ Return Postcard.  
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	16	-20	20	**	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-3	3	***	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
Independent Claims: 1, 5 and 11					TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$\_\_\_ to cover the additional claims fee to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☐ Please charge the amount of \$\_\_\_ to cover the extension fee to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Please charge the amount of \$130 to cover the terminal disclaimer fee to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

DARIUSH G. ADL

Registration No. 51,386  
Attorney for Applicant(s)

Date: February 9, 2006

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Telephone: 213 337-6700  
Facsimile: 213 337-6701